



Attorney Docket No.: P12128-US2

February 4, 2003

**Via Facsimile 703-872-9314**

Box NON-FEE AMENDMENT  
Commissioner for Patents  
Washington, D.C. 20231

**FACSIMILE TRANSMISSION UNDER 37 C.F.R. §1.8(a)**

I hereby certify that the following correspondence is being faxed to the attention of: Commissioner for Patents, Washington, D.C. 20231 by the person and on the date indicated below.

February 4, 2003

Date

Pamela S. Newton

Re: Patent Application for:  
"WIDE AREA NETWORK MOBILITY FOR IP BASED NETWORKS"  
Serial No. 09/416,757  
Attorney Docket No. P12128-US2 (040010-440)

Dear Sir:

Enclosed for filing please find the following items relating to the above-identified application:


- (1) Amendment Transmittal Letter (1 page); and
- (2) Amendment (13 pages).

Please file these. In the meantime, if you have any questions or comments concerning this matter, please feel free to contact the undersigned at 972/583-7686.

Sincerely,

John C. Han  
Reg. No. 41,403

JCH/psn

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>			Docket No. <b>P12128-US2 (040010-440)</b>		
Applicant(s): <b>Lila Madour, et al.</b>					
Serial No. <b>09/416,757</b>	Filing Date <b>October 12, 1999</b>	Examiner <b>Waxman, Andrew</b>	Group Art Unit <b>2662</b>		
Invention: <b>WIDE AREA NETWORK MOBILITY FOR IP BASED NETWORKS</b>					
<u><b>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</b></u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	19 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	4 -	4 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
 <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>50-1379</b> A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: <b>2/4/03</b>		
John C. Han Reg. No. 41,403 Ericsson Inc. 6300 Legacy Drive, M/S EVW 2-C-2 Plano, TX 75024 972-583-7686 john.han@ericsson.com					
cc:					

P11LARGE/REV08